

COMPANY CHANGE REQUEST FORM

(Please print or type)

Submit the completed request, license(s) and fee(s) to: **KANSAS REAL ESTATE COMMISSION, Three Townsite Plaza, Suite 200, 120 S.E. 6th Ave., Topeka, Kansas 66603-3511**. Should you have any questions regarding the completion of this form, contact Norma Rolfe at (785) 296-3413 or e-mail her at norma.rolfe@krec.state.ks.us. Fax: 785-296-1771.

Mark all applicable changes requested:

- ☐ Company Address Change (Section 1) ☐ Change Supervising Broker (Sections 1 & 2)
☐ Company Name Change (Sections 1 & 3) ☐ Add a Branch Office (Sections 1 & 4)

SECTION 1

COMPANY NAME: _____

COMPANY ID#: _____ BROKER'S NAME: _____ BROKER'S #: _____

COMPANY ADDRESS: _____
STREET SUITE NO. P.O. BOX CITY STATE ZIP CODE

E-MAIL: _____ COMPANY PHONE #:() _____ COMPANY FAX #:() _____

Is the company a member of a franchise?: ☐ Yes ☐ No
NAME OF FRANCHISE _____

DATE _____ SIGNATURE OF SUPERVISING /BRANCH BROKER _____

COMPANY ADDRESS CHANGE

Instructions

1. Complete Section 1 provided above with your new company address information. **Note:** A PO Box alone will not be accepted. Your street or rural route must be included in the address provided.
2. Attach the licenses of all licensees within the company.
3. Attach the \$7.50 **per license** change fee.

SECTION 2

CHANGE OF SUPERVISING BROKER

Instructions

1. Complete this section and Section 1 above to change the supervising broker.
2. Contact Norma Rolfe at (785) 296-3413 for the applicable license fees.

This is to certify that _____, license # _____, will no longer act as
CURRENT SUPERVISING BROKER
supervising broker for _____.
COMPANY NAME

☐ changed to an associate broker ☐ transferred ☐ placed on inactive status.

This is to certify that _____, license # _____, is to
NEW SUPERVISING BROKER
be the new supervising broker and is assuming that responsibility for _____.
COMPANY NAME

DATE _____ SIGNATURE OF CURRENT SUPERVISING BROKER _____ DATE _____ SIGNATURE OF NEW SUPERVISING BROKER _____

SECTION 3**COMPANY NAME CHANGE**

Instructions

1. Complete this Section and Section 1 with your new company name.
2. Attach the licenses of all licensees within the company. **Note:** If your company has branch offices, the licenses for **all** branch office licensees must be returned for this change.
3. Attach the \$7.50 **per license** change fee.

The following section is to be completed for company name change only.

Does the company maintain a trust account(s): ☐ Yes ☐ No

If answered "**Yes**", the current trust account(s) must be closed prior to the processing of any change of company name. The section provided below must be completed:

If answered "**No**", stop here and submit as indicated in the instructions.

NAME OF TRUST ACCOUNT(s): _____

ACCOUNT #(s): _____

FINANCIAL INSTITUTION(s): _____

Please check applicable statement(s):

- ☐ Broker's funds of \$_____ withdrawn from the account.
- ☐ All trust funds in the account were disbursed by (1) closing of transaction(s); (2) obtaining written agreement(s) of all parties to transfer the funds to another escrow account; or (3) court order(s).
- ☐ No trust funds in account since: _____.
- ☐ Nonresident account, no **KANSAS** funds in the account.

DATE

SIGNATURE OF SUPERVISING BROKER

SECTION 4**ADD A NEW BRANCH OFFICE**

Instructions

1. Complete this Section with the new branch office information and complete Section 1 with the main office information.
2. Attach license(s) and the Licensee Change Form with Sections 1 & 2 completed to transfer a licensee from the main office to the new branch, or from an existing branch to the new branch, or from another company to the new branch. If licensee is currently inactive, attach Licensee Change Form with Sections 1 & 5 completed to reactivate the licensee to the new branch. Attach the \$15.00 **per license** transfer or reinstatement fee.
3. Attach Licensee Change Form with Sections 1 & 3 completed for any licensees whose affiliation with the new branch is to be in addition to their existing company affiliation(s). Attach the \$10.00 **per license** duplicate fee.

The company name of the branch office will be the same as the company name for the main office. A new company number will be assigned to the branch office.

BRANCH ADDRESS: _____
STREET SUITE NO. P.O. BOX CITY STATE ZIP CODE

E-MAIL: _____ BRANCH PHONE #:() BRANCH FAX #:()

Will the branch office maintain transaction file records? ☐ Yes ☐ No, they will be kept at the main office.

Name of Branch Broker: _____ Branch Broker's License #: _____

DATE

SIGNATURE OF BRANCH BROKER

DATE

SIGNATURE OF MAIN OFFICE SUPERVISING BROKER

KREC Use Only:

Branch Office #: BO _____